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PTO/SB/82 (04-05)

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Application Number	09/770,427
Filing Date	January 26, 2001
First Named Inventor	Semih Secer
Art Unit	2157
Examiner Name	Lashonda T. Jacobs
Attorney Docket Number	50671-P021US-10016435

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

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I hereby appoint the practitioners associated with the Customer Number: 022878

Please change the correspondence address for the above-identified application to:

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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Marie Oh Huber

Date

August 25, 2005

Telephone

(650) 752-5000

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of 1 forms are submitted.

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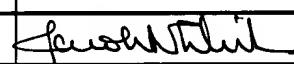
(to be used for all correspondence after initial filing)

		Application Number	09/770,427 and others*
		Filing Date	Various
		First Named Inventor	Various
		Art Unit	Various
		Examiner Name	Various
Total Number of Pages in This Submission		Attorney Docket Number	Various

ENCLOSURES (Check all that apply)

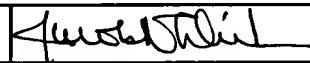
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation (7) <input checked="" type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Status Letter
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<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ incomplete Application		
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks * 09/702,160, 09/690,769, 09/734,273, 09/347,112, 09/469,026, and 09/469,025.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Perkins Smith & Cohen LLP		
Signature			
Printed name	Jacob N. Erlich		
Date	August 26, 2005	Reg. No.	24,338

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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Typed or printed name	Jacob N. Erlich	Date	August 26, 2005

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